

<b>Please check action requested</b>  Initial License _____ Reinstatement _____ Name Change _____ Adding Lines _____	<b>STATE OF WASHINGTON</b> <b>INDIVIDUAL INSURANCE LICENSE APPLICATION</b> OFFICE OF INSURANCE COMMISSIONER <b>US Postal Address:</b> POB 40257, Olympia, WA 98504-0257 <b>Physical Address:</b> Insurance 5000 Bldg., 5000 Capital Blvd. Tumwater, WA 98501 <b>Phone:</b> 360 725-7144 <b>Fax:</b> 360 586-2019	
FOR OIC USE ONLY CIC/PIC	Date FP Sent	Date Processed

TYPE OF LICENSE			
<input type="checkbox"/> 1. AGENT <input type="checkbox"/> 2. SOLICITOR <b>----Indicate Insurance Lines--</b>  <input type="checkbox"/> LIFE                      Limited Lines <input type="checkbox"/> DISABILITY <input type="checkbox"/> SURETY ONLY <input type="checkbox"/> PROPERTY <input type="checkbox"/> VEHICLE ONLY <input type="checkbox"/> CASUALTY <input type="checkbox"/> TRAVEL <input type="checkbox"/> CREDIT LIFE & DISABILITY <input type="checkbox"/> CREDIT CASUALTY	<input type="checkbox"/> 3. BROKER <b>----Indicate Insurance Lines---</b>  <input type="checkbox"/> PROPERTY-CASUALTY <input type="checkbox"/> LIFE & DISABILITY <input type="checkbox"/> LIFE-DISABILITY- PROPERTY-CASUALTY	<input type="checkbox"/> 4. SURPLUS LINE BROKER  <input type="checkbox"/> 5. ADJUSTER <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> PUBLIC  <input type="checkbox"/> 6. GENERAL AGENT	
① Last Name                      JR./SR. etc	② First Name	③ Middle Name	④ Date of Birth (month) (day) (yr)
⑤ Assumed name(DBA), if applicable. Assumed name (DBA) must be registered with the Dept of Licensing (360) 664-1400			
⑥ Previous name, if requesting name change			
⑦ Residence/Home Address (Physical Address)	⑧ City	⑨ State	⑩ Zip
⑪ Applicant's Mailing Address (if different than above)	⑫ City	⑬ State	⑭ Zip
⑮ Home Phone Number (     )     -	⑯ Soc. Security Number		
⑰ Employer's Name			
⑱ Business Address (Physical Street)	⑲ P.O. Box	⑳ City	㉑ State    ㉒ Zip
㉓ Business Phone Number (     )     -	㉔ Business Fax Number (     )     -	㉕ Business E-Mail Address	㉖ Business Web Site Address

㉗ Account for all time for the past two years. Give all employment experience starting with your current employer working back two years. Include full and part-time work, self-employment, military service, unemployment and full-time education. (Surplus line broker applicants must account for past five years)

	From		To		Position Held
	Month	Year	Month	Year	
Name					
City					
Name					
City					
Name					
City					
Name					
City					
Name					
City					

Background Information	
<b>28 The Applicant must read the following very carefully and answer every question. All copies of documents must be photocopies or originals of the certified documents. All written statements submitted by the Applicant must include an original signature.</b>	
1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?	Yes ____ No ____
<p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement explaining the circumstances of each incident,</li> <li>b) a photocopy of the certified charging document, and</li> <li>c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment.</li> </ul>	
2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?	Yes ____ No ____
<p>“Involved” means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement identifying the type of license and explaining the circumstances of each incident,</li> <li>b) a photocopy of the certified Notice of Hearing or other document that states the charges and allegations, and</li> <li>c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment.</li> </ul>	
3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer?	Yes ____ No ____
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.	
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?	Yes ____ No ____
If you answer yes, identify the jurisdiction(s): _____	
5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	Yes ____ No ____
<p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement summarizing the details of each incident,</li> <li>b) a photocopy of the certified Petition, Complaint or other document that commenced the lawsuit or arbitration, and</li> <li>c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment.</li> </ul>	
6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	Yes ____ No ____
<p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and</li> <li>b) photocopies of all certified relevant documents.</li> </ul>	

## Applicants Certification and Attestation

29 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

\_\_\_\_\_  
Month                  Day                  Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

## Attachments

30 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. **Initial License Resident**—Score Reports, Pre-licensing Education Certificates, Appointment and/or Affiliation, a Fingerprint Card, Letter of Clearance, if applicable, and appropriate fees.
2. **Initial License Non-resident**—Appointment and/or Affiliation, Letter of Certification, a Fingerprint Card and appropriate fees.
3. **Reinstatement Resident Agent**—Appointment and/or Affiliation, Valid Certificates for 32 hours of approved continuing education and appropriate fees.
4. **Reinstatement Non-resident Agent**—Appointment and/or Affiliation, Letter of Certification from residence state and appropriate fees.
5. Bonding is required for **resident and non-resident brokers and surplus line brokers**. Please call (360) 725-7144 if further information is required.
6. **Limited line licenses and Adjuster Licenses** requirements vary, please call (360) 725-7144 if further information is required.
7. **Adding lines Resident**—Score Reports, Pre-licensing Education Certificates, Appointment/Affiliation for additional lines, no additional license fee.
8. **Name Change**--\$5 fee
9. **Resident solicitor license**—Score Reports, Pre-licensing Education Certificates, a Fingerprint Card, Letter of Clearance, if applicable, and appropriate fees and the following **must** be completed:

Name of Employing Agent or Broker \_\_\_\_\_ PIC # \_\_\_\_\_

Signature of Employing Agent or Broker \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Fingerprint fees must be a separate company check, cashier's check or money order payable to the Washington State Patrol—ID Section.**